

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern

District of: Illinois

(State)

Case number (if known)

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport)

Bring your picture identification to your meeting with the trustee.

Arreil

First name

Middle name

Stroger

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX- 5451

OR

9 XX - XX-

XXX - XX-

OR

9 XX - XX-

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business names or EINs.

☐ I have not used any business names or EINs.

Business name

Business name

Business name

Business name

EIN

EIN

EIN

EIN

Include trade names and doing business as names

5. Where you live

13659 S Kendall Dr

Number Street

Plainfield

Illinois

60544

City

State

Zip Code

Will

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number

Street

City

State

Zip Code

If Debtor 2 lives at a different address:

Number

Street

City

State

Zip Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number

Street

City

State

Zip Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No.

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☐ No. Go to line 12.

☒ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?
- ☒ No. Go to Part 4.
- ☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City State Zip Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B).

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

- ☒ No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?
- ☒ No.
- ☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State Zip Code

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Debtor 1 Arreil
First Name

Middle Name

Stroger
Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

☐ No. I am not filing under Chapter 7. Go to line 18.
☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

☒ No.
☐ Yes.

18. How many creditors do you estimate that you owe?

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Arreil Stroger
Signature of Debtor 1

X _____
Signature of Debtor 2

Executed on 3/27/2017
MM / DD / YYYY

Executed on _____
MM / DD / YYYY

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Brenda Likavec

Signature of Attorney for Debtor

Date

3/27/2017

MM / DD / YYYY

Brenda Likavec

Printed name

Semrad Law Firm

Firm name

2424 Plainfield Road

Street

Suite 300

Crest Hill

City

Illinois

State

60403

Zip Code

Contact phone

3122568701

Email address

blikavec@semradlaw.com

Bar number

Illinois

State

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|---------------------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois (State) |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from *Schedule A/B*

\$0.00

1b. Copy line 62, Total personal property, from *Schedule A/B*

\$2,830.45

1c. Copy line 63, Total of all property on *Schedule A/B*.....

\$2,830.45

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of *Schedule D*

\$0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*

\$0.00

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*

\$36,162.63

Your total liabilities

\$36,162.63

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of *Schedule I*.....

\$916.70

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of *Schedule J*.....

\$915.00

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes.

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$497.48

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim |
|--|-------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 |
| 9d. Student loans. (Copy line 6f.) | \$0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$0.00 |
| 9g. Total. Add lines 9a through 9f. | \$0.00 |

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois |
| | | | (State) |
| Case number (if known) | | | |

Official Form 106A/B

☐ Check if this is an amended filing

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2
- ☐ Yes. Where is the property?

1.1

Street address, if available, or other description

Number Street

City State Zip Code

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2

Street address, if available, or other description

Number Street

City State Zip Code

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

Debtor 1 Arreil Stroger Case number (if known)

First Name Middle Name Last Name

1.3

Street address, if available, or other description

Number Street

City State Zip Code

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make Hyundai
Model: Santa Fe
Year: 2002
Approximate mileage: 190000

Other information:

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$1625.00

Current value of the portion you own?
\$1625.00

3.2 Make
Model:
Year:
Approximate mileage:

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

Debtor 1 Arreil Stroger Case number (if known)

First Name Middle Name Last Name

3.3 Make _____
Model: _____
Year: _____
Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

3.4 Make _____
Model: _____
Year: _____
Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

4 Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

4.1 Make _____
Model: _____
Year: _____
Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

4.2 Make _____
Model: _____
Year: _____
Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$1625.00

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 3: Describe Your Personal and Household Items

| Do you own or have any legal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|--|--|
| 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware | | |
| <input type="checkbox"/> No | | |
| <input checked="" type="checkbox"/> Yes. Describe... Used furniture, household goods | | \$400.00 |
| 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | | |
| <input type="checkbox"/> No | | |
| <input checked="" type="checkbox"/> Yes. Describe... iphone 6+ and laptop | | \$400.00 |
| 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | | |
| <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes. Describe... | | |
| 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | | |
| <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes. Describe... | | |
| 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes. Describe... | | |
| 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | | |
| <input type="checkbox"/> No | | |
| <input checked="" type="checkbox"/> Yes. Describe... Used clothing and shoes | | \$400.00 |
| 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | | |
| <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes. Describe... | | |
| 13. Non-farm animals Examples: Dogs, cats, birds, horses | | |
| <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes. Describe... | | |
| 14. Any other personal and household items you did not already list, including any health aids you did not list | | |
| <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes. Describe... | | |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | | \$1200.00 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 4: Describe Your Financial Assets

| Do you own or have any legal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|--------------------|--|
| 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cash: | | |
| 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Institution name: | | |
| 17.1. Checking account: | Pre-Paid Rush Card | \$5.45 |
| 17.2. Checking account: | | |
| 17.3. Savings account: | | |
| 17.4. Savings account: | | |
| 17.5. Certificates of deposit: | | |
| 17.6. Other financial account: | | |
| 17.7. Other financial account: | | |
| 17.8. Other financial account: | | |
| 17.9. Other financial account: | | |
| 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Institution or issuer name: | | |
| | | |
| | | |
| | | |
| 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information about them | | |
| Name of entity | % of ownership: | |
| | | |
| | | |
| | | |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
 Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific
 information about
 them.....

Issuer name:

| | |
|--|--|
| | |
| | |
| | |

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each
 account
 separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

| | |
|--|--|
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company
 Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications
 companies, or others

☒ No

☐ Yes....

Institution name:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes....

Issuer name and description:

| | |
|--|--|
| | |
| | |
| | |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No
☐ Yes.... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No
☐ Yes. Describe...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No
☐ Yes. Describe...

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No
☐ Yes. Describe...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \$0.00
 State: \$0.00
 Local: \$0.00

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No
☐ Yes. Give specific information.....

Alimony: \$0.00
 Maintenance: \$0.00
 Support: \$0.00
 Divorce settlement: \$0.00
 Property settlement: \$0.00

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No
☐ Yes. Describe...

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

| | | | |
|---|---------------|--------------|----------------------------|
| <input checked="" type="checkbox"/> No | Company name: | Beneficiary: | Surrender or refund value: |
| <input type="checkbox"/> Yes. Name the insurance company of each policy and list its value..... | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Describe...

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe...

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe...

35. Any financial assets you did not already list

☒ No

☐ Yes. Describe...

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$5.45

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe...

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe...

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No
☐ Yes. Describe...

41. Inventory

☒ No
☐ Yes. Describe...

42. Interests in partnerships or joint ventures

☒ No
☐ Yes. Give specific information about them

| Name of entity: | % of ownership: |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

43. Customer lists, mailing lists, or other compilations

☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No
☐ Yes. Describe.....

44. Any business-related property you did not already list

☒ No
☐ Yes. Give specific information

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No
☐ Yes. Describe...

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

48. Crops-either growing or harvested

☒ No
☐ Yes. Describe...

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No
☐ Yes. Describe...

50. Farm and fishing supplies, chemicals, and feed

☒ No
☐ Yes. Describe...

51. Any farm- and commercial fishing-related property you did not already list

☒ No
☐ Yes. Describe...

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No
☐ Yes. Give specific information

54. Add the dollar value of all of your entries from Part 7. Write that number here

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2

56. part 2 total vehicles, line 5 \$1625.00

57. Part 3: Total personal and household items, line 15 \$1200.00

58. Part 4: Total financial assets, line 36 \$5.45

59. Part 5: Total business-related property, line 45

60. Part 6: Total farm- and fishing-related property, line 52

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61.

\$2830.45

Copy personal property total

+ \$2830.45

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$2830.45

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|---------------------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois (State) |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|---|--|--|
| Brief description: <u>Hyundai Santa Fe, 2002</u> Line from <i>Schedule A/B</i> : <u>03</u> | <u>\$1,625.00</u> | <input checked="" type="checkbox"/> \$1,625.00; \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| Brief description: <u>Checking account, Pre-Paid Rush Card</u> Line from <i>Schedule A/B</i> : <u>17</u> | <u>\$5.45</u> | <input checked="" type="checkbox"/> \$5.45 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim <i>Check only one box for each exemption.</i> | Specific laws that allow exemption |
|--|--|--|------------------------------------|
| Brief description: Used furniture, household goods Line from Schedule A/B: 06 | \$400.00 | <input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Used clothing and shoes Line from Schedule A/B: 11 | \$400.00 | <input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |
| Brief description: iphone 6+ and laptop Line from Schedule A/B: 07 | \$400.00 | <input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois |
| | | | (State) |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

| | | | | |
|---|--|---|--|---|
| 2. | List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | Titlemax Creditor's Name 12434 Western Avenue #1 Number Street Blue Island IL 60406 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred Describe the property that secures the claim: Hyundai Santa Fe Value: \$1,625.00 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____ | \$0.00 | \$1,625.00 | \$0.00 |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | \$0.00 | | |

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois |
| | | | (State) |
| Case number (if known) | | | |

Official Form 106E/F

☐ Check if this is an amended filing

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|----------------|--------------------|-----------------------|
|----------------|--------------------|-----------------------|

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|---|--|--|-------------|
| 4.1 | Advance America Nonpriority Creditor's Name 1552 N Aurora Rd #100 Number Street Naperville Illinois 60563 City State Zip Code | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify payday loan | \$600.00 |
| <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| 4.2 | AllDental Nonpriority Creditor's Name 7530 Woodward Ave Number Street Woodridge Illinois 60517 City State Zip Code | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Arrearage | \$88.00 |
| <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| 4.3 | Allied Interstate Nonpriority Creditor's Name Dept 0063 Number Street Palatine Illinois 60055 City State Zip Code | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -Public Storage | \$193.00 |
| <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|-----|--|---|-------------|
| 4.4 | <p>ALLTRAN ED Nonpriority Creditor's Name 2400 SOUTH WOLF RO SUITE 200 Number Street</p> <p>WESTCHESTER Illinois 60154 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 5375</p> <p>When was the debt incurred? 2/2015</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection; Collecting for ORIGINAL CREDITOR: 07 COLLEGE OF DUPAGE</p> | \$182.00 |
| 4.5 | <p>American Family Insurance Nonpriority Creditor's Name 40 TECHNOLOGY PARKWAY SOUTH # 300 Number Street</p> <p>r/a CORPORATION SERVICE COMPANY</p> <p>Peachtree Corners Georgia 30092 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number</p> <p>When was the debt incurred? n/a</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -Premiums</p> | \$589.32 |
| 4.6 | <p>ATG CREDIT Nonpriority Creditor's Name 1700 W CORTLAND ST STE 2 Number Street</p> <p>CHICAGO Illinois 60622 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 2494</p> <p>When was the debt incurred? 8/2011</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT DATA</p> | \$208.00 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | | Total claim |
|--|--|--|-------------|
| 4.7 | CAP1 Nonpriority Creditor's Name 11013 W BROAD ST Number Street GLEN ALLEN Virginia 23060 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 7838 When was the debt incurred? 1/2010 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard | \$1,521.00 |
| 4.8 | CAPITAL BANK Nonpriority Creditor's Name 1 CHURCH ST Number Street ROCKVILLE Maryland 20850 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? 8/2015 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard | \$94.00 |
| 4.9 | CAPITAL ONE BANK USA N Nonpriority Creditor's Name PO BOX 85520 Number Street RICHMOND Virginia 23285 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? 1/2010 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard | \$1,521.00 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | Last 4 digits of account number | Total claim |
|------|---|---|-------------|
| 4.10 | CBCS Nonpriority Creditor's Name Po Box 164089 Number Street Columbus Ohio 43216 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -AT&T Uverse | \$363.88 |
| 4.11 | Central Dupage Emergency Phys Nonpriority Creditor's Name PO Box 366 Number Street Hinsdale Illinois 60522 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -Medical | \$384.00 |
| 4.12 | Central Dupage Hospital Nonpriority Creditor's Name PO Box 4090 Number Street Carol Stream Illinois 60197 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -Medical | \$5,361.25 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | Last 4 digits of account number | Total claim |
|------|--|--|-------------|
| 4.13 | Chase Bank Nonpriority Creditor's Name P.O. Box 659732 Number Street San Antonio Texas 78265 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NSF | \$135.22 |
| 4.14 | Chex System Nonpriority Creditor's Name 7805 Hudson Road Number Street Woodybury Minnesota 55125 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE | \$0.00 |
| 4.15 | Comcast Nonpriority Creditor's Name 11621 E. Marginal Way # 5 Number Street Bankruptcy Dept Seattle Washington 98168 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For - | \$524.82 |

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|------|--|---|-------------|
| 4.16 | CREDIT COLLECTION SERVICES Nonpriority Creditor's Name SHAWNEE SQUARE Number _____ Street _____ CHILLICOTHE Ohio 45601 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? <u>n/a</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting For -American Family Ins</u> | \$462.52 |
| 4.17 | CREDIT MANAGEMENT LP Nonpriority Creditor's Name PO Box 118288 Number _____ Street _____ Carrollton Texas 75011 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>2706</u> When was the debt incurred? <u>2/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>001 Collection; Collecting for ORIGINAL CREDITOR: WOW INTERNET CABLE PHONE - 1</u> | \$553.00 |
| 4.18 | DuPage Credit Union Nonpriority Creditor's Name PO Box 3930 Number _____ Street _____ Naperville Illinois 60567 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? <u>n/a</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>NSF</u> | \$128.00 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|------|--|---|-------------|
| 4.19 | Edward Hospital Nonpriority Creditor's Name P.O. Box 140250 Number Street Toledo Ohio 43614 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | \$1,535.50 |
| 4.20 | EOS CCA Nonpriority Creditor's Name 700 Longwater Drive Number Street P O Box 5369 Norwell Massachusetts 02061 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 2232 When was the debt incurred? 8/2012 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 001 Collection; Collecting for ORIGINAL CREDITOR: AT T MOBILITY | \$1,092.00 |
| 4.21 | ERS Inc. Nonpriority Creditor's Name PO Box 5169 Number Street Hinsdale Illinois 60522 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -Bank of America | \$119.94 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | Last 4 digits of account number | Total claim |
|------|--|---|-------------|
| 4.22 | Focus Receivables Management Nonpriority Creditor's Name 1130 Northchase Pkwy Se Ste 150 Number Street Marietta Georgia 30067 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -BOA | \$119.94 |
| 4.23 | FRANKLIN COLLECTION Nonpriority Creditor's Name 2978 W JACKSON ST Number Street TUPELO Mississippi 38803 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -ATT | \$363.88 |
| 4.24 | HUNTER WARFIELD Nonpriority Creditor's Name 4620 WOODLAND CORPORATE Number Street TAMPA Florida 33614 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 5905 When was the debt incurred? 4/2014 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 001 Collection; Collecting for ORIGINAL CREDITOR: THE LARAMAR GROUP | \$553.00 |

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | | Total claim |
|--|--|---|-------------|
| 4.25 | <p>Illinois Emerg Med Specialist Nonpriority Creditor's Name Po Box 71402 Number Street</p> <p>Chicago Illinois 60694 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>1040 Taxes</u></p> | \$470.00 |
| 4.26 | <p>Loyola Medicine Nonpriority Creditor's Name Two Westbrook Corporate Center, Suite 700 Number Street</p> <p>Westchester Illinois 60154 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p> | \$180.58 |
| 4.27 | <p>Loyola Univeristy Health Systems Nonpriority Creditor's Name 2160 S. First Ave Number Street</p> <p>Maywood Illinois 60153 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>1040 Taxes</u></p> | \$144.54 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | Last 4 digits of account number | Total claim |
|------|---|--|-------------|
| 4.28 | LTD FINANCIAL SVCS LP Nonpriority Creditor's Name 7322 SOUTHWEST FWY STE 1 Number Street HOUSTON Texas 77074 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -Bank of America | \$209.30 |
| 4.29 | MEDICAL BUSINESS BUREAU Nonpriority Creditor's Name 1550 N NORTHWEST HWY STE 403 Number Street PARK RIDGE Illinois 60068 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -Central Dupage Emergency | \$384.00 |
| 4.30 | MEDICREDIT Nonpriority Creditor's Name PO BOX 1629 Number Street MARYLAND HEIGH Missouri 63043 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | \$32.00 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | Last 4 digits of account number | Total claim |
|------|--|--|-------------|
| 4.31 | MERCHANTS CREDIT GUIDE Nonpriority Creditor's Name 223 W JACKSON BLVD STE 4 Number Street CHICAGO Illinois 60606 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 9654 When was the debt incurred? 7/2012 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | \$3,383.00 |
| 4.32 | MERCHANTS CREDIT GUIDE Nonpriority Creditor's Name 223 W JACKSON BLVD STE 4 Number Street CHICAGO Illinois 60606 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 1481 When was the debt incurred? 1/2013 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | \$2,096.00 |
| 4.33 | MERCHANTS CREDIT GUIDE Nonpriority Creditor's Name 223 W JACKSON BLVD STE 4 Number Street CHICAGO Illinois 60606 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 7224 When was the debt incurred? 12/2012 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | \$1,535.00 |

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|------|---|---|-------------|
| 4.34 | MERCHANTS CREDIT GUIDE Nonpriority Creditor's Name 223 W JACKSON BLVD STE 4 Number Street CHICAGO Illinois 60606 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 1482 When was the debt incurred? 1/2013 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT DATA Other. Specify | \$887.00 |
| 4.35 | MiraMed Revenue Group, LLC Nonpriority Creditor's Name 991 Oak Creek Dr Number Street Lombard Illinois 60148 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -Edward Hospital | \$4,519.25 |
| 4.36 | Northridge Holdings LTD Nonpriority Creditor's Name 1020 W. Fullerton Avenue Number Street Addison Illinois 60101 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For - | \$4,000.00 |

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | Last 4 digits of account number | Total claim |
|------|--|---|-------------|
| 4.37 | <p>NORTHWEST COLLECTORS</p> <p>Nonpriority Creditor's Name 3601 ALGONQUIN RD STE 23 Number Street</p> <hr/> <p>ROLLING Illinois 60008 MEADOWS City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting For -West Chicago Police Dept</u></p> | \$200.00 |
| 4.38 | <p>Opensky</p> <p>Nonpriority Creditor's Name PO Box 2711 Number Street</p> <hr/> <p>Omaha Nebraska 68103 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting For -Credit Card</u></p> | \$100.00 |
| 4.39 | <p>PNC</p> <p>Nonpriority Creditor's Name 1200 N 7TH ST Number Street</p> <hr/> <p>HARRISBURG Pennsylvania 17102 City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>NSF</u></p> | \$441.74 |

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|------|--|--|-------------|
| 4.40 | <p>Short Term Loans, LLC</p> <p>Nonpriority Creditor's Name</p> <p>76 IL-59 #108</p> <p>Number Street</p> <p>Naperville Illinois 60540</p> <p>City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Payday Loans</u></p> | \$231.00 |
| 4.41 | <p>Unique National Collections</p> <p>Nonpriority Creditor's Name</p> <p>119 E MAPLE ST</p> <p>Number Street</p> <p>JEFFERSONVILLE Indiana 47130</p> <p>City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collecting For -West Chicago Public Library</u></p> | \$55.95 |
| 4.42 | <p>US Bank</p> <p>Nonpriority Creditor's Name</p> <p>425 Walnut Street</p> <p>Number Street</p> <p>Cincinnati Ohio 45202</p> <p>City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collecting For -NSF</u></p> | \$200.00 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | Last 4 digits of account number | Total claim |
|------|---|--|-------------|
| 4.43 | Woodforest Bank Nonpriority Creditor's Name 9245 W 159th St Number Street Tinley Park Illinois 60487 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | _____ When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NSF | \$400.00 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Freedman Anselmo Lindberg

Name

1771 W Diehl #150

Number Street

Naperville

Illinois

60566

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Northridge Holdings LTD

Name

1200 Kings Circle #11

Number Street

West Chicago

Illinois

60185

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Healthcare Recovery So.

Name

1515 W. 190th Street

Number Street

Gardena

California

90248

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

ATT Mobility

Name

One AT&T Way

Number Street

Bedminster

New Jersey

07921

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

AT&t Uverse

Name

PO Box 64794

Number Street

Saint Paul

Minnesota

55164

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

NES of Ohio

Name

29125 Solon Road

Number Street

Solon

Ohio

44139

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.39 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | Total claims |
|--------------------------|---|--------------|
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. \$0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. \$0.00 |

| | | Total claims |
|--------------------------|---|-----------------|
| Total claims from Part 2 | 6f. Student loans | 6f. \$0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. \$36,162.63 |
| | 6j. Total. Add lines 6f through 6i. | 6j. \$36,162.63 |

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois |
| | | | (State) |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Waypoint Homes Name 2760 Aurora Ave Number Street Naperville Illinois 60540 City State Zip Code | Residential Lease, Debtor is Lessee, Residential Lease/debtor is tenant |
| 2.2 | Ashley Furniture Name 1930 Mt Zion Road Number Street Morrow Georgia 30260 City State Zip Code | Furniture Lease, Debtor is Lessee, Lease for Bed |

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois |
| | | | (State) |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

- ☒ No
☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

| | | | |
|---|------------|---------------------------------|-----------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of Illinois (State) | |
| Case number (if known) | | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
- ☐ Not Employed

CNA

Downers Grove SP, LLC

4200 Lacey Rd
Number Street

Downers Grove Illinois 60515
City State Zip Code

1 month

Debtor 2

- ☐ Employed
- ☐ Not Employed

Number Street

City State Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$657.02

3. + \$0.00

4. \$657.02

| Debtor 1 Arreil | Stroger | Case number (if known) |
|--|-------------|--|
| First Name | Middle Name | Last Name |
| | | For Debtor 1 |
| | | For Debtor 2 or non-filing spouse |
| Copy line 4 here → | 4. | \$657.02 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$61.32 |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 |
| 5e. Insurance | 5e. | \$0.00 |
| 5f. Domestic support obligations | 5f. | \$0.00 |
| 5g. Union dues | 5g. | \$0.00 |
| 5h. Other deductions. Specify: _____ | 5h. + | \$0.00 + |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. | \$61.32 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$595.70 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | |
| | 8a. | \$0.00 |
| 8b. Interest and dividends | 8b. | \$0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | |
| | 8c. | \$0.00 |
| 8d. Unemployment compensation | 8d. | \$0.00 |
| 8e. Social Security | 8e. | \$0.00 |
| 8f. Other government assistance that you regularly receive | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies | | |
| Specify: _____ | | |
| Food Assistance Programs Income | 8f. | \$321.00 |
| 8g. Pension or retirement income | 8g. | \$0.00 |
| 8h. Other monthly income. Specify: _____ | 8h. + | \$0.00 + |
| 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$321.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse | 10. | \$916.70 |
| | | + _____ = |
| | | \$916.70 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. | | |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | | |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | |
| Specify: _____ | | |
| | | 11. + \$0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | | |
| | | 12. \$916.70 |
| | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: _____ | | |

Debtor 1 Arreil Stroger Case number (if
First Name Middle Name Last Name known)

Part 1: Describe Employment

| | Debtor 1 | Debtor 2 |
|---------------------------------|---|--|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed | <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed |
| Occupation | CNA | |
| Employer's name | Alvernia Manor | |
| Employer's address | 13950 Main St <small>Number Street</small> | <small>Number Street</small> |
| | | |
| | Lemont Illinois 60439 <small>City State Zip Code</small> | <small>City State Zip Code</small> |
| How long employed there? | 1 month | |

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|---------------------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois (State) |
| Case number (If known) | | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent

Dependent's relationship to Debtor 1 or Debtor 2

Child

Dependent's age

5 years

Does dependent live with you?

☐ No.

☒ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.

Your expenses

\$100.00

4.

If not included in line 4:

4a. Real estate taxes

4a

\$0.00

4b. Property, homeowner's, or renter's insurance

4b.

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4c.

\$0.00

4d. Homeowner's association or condominium dues

4d.

\$0.00

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

| | | Your expenses |
|---|-----|---------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$0.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$125.00 |
| 6d. Other. Specify: _____ | 6d | \$0.00 |
| 7. Food and housekeeping supplies | 7. | \$321.00 |
| 8. Childcare and children's education costs | 8. | \$0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$10.00 |
| 10. Personal care products and services | 10. | \$10.00 |
| 11. Medical and dental expenses | 11. | \$0.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments | 12. | \$140.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions and religious donations | 14. | \$0.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a | \$0.00 |
| 15b. Health insurance | 15b | \$0.00 |
| 15c. Vehicle insurance | 15c | \$85.00 |
| 15d. Other insurance. Specify: _____ | 15d | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16 | \$0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a | \$0.00 |
| 17b. Car payments for Vehicle 2 | 17b | \$0.00 |
| 17c. Other. Specify: Furniture Lease Payment | 17c | \$124.00 |
| 17d. Other. Specify: _____ | 17d | \$0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. | \$0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a | \$0.00 |
| 20b. Real estate taxes. | 20b | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c | \$0.00 |
| 20d. Maintenance, repair, and upkeep expenses. | 20d | \$0.00 |
| 20e. Homeowner's association or condominium dues | 20e | \$0.00 |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

21. **Other.** Specify: _____ 21 \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22.

\$915.00

\$0.00

\$915.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22 above.

23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

23a

\$916.70

23b

\$915.00

23c

\$1.70

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No

☐ Yes

Explain here:

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois |
| | | | (State) |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Arreil Stroger
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 3/27/2017
MM/DD/YYYY

Date _____
MM/DD/YYYY

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|---------------------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois (State) |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|---|----------------------------|--|---|
| 2313 Buckingham Cir Number Street | From 02/2014 To 02/2016 | <input type="checkbox"/> Same as Debtor 1 Number Street | <input type="checkbox"/> Same as Debtor 1 From To |
| Woodridge Illinois 60517 City State Zip Code | | City State Zip Code | |
| Number Street | From To | Number Street | From To |
| City State Zip Code | | City State Zip Code | |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|--|--|--|---|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$1171.84 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |
| For last calendar year: (January 1 to December 31, 2016) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$8443.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |
| For the calendar year before that: (January 1 to December 31, 2015) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$9554.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|--|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Link | \$978.00 | | |
| For last calendar year: (January 1 to December 31, 2016) YYYY | Estimated Link | \$3,912.00 | | |
| For the calendar year before that: (January 1 to December 31, 2015) YYYY | Estimated Link | \$3,912.00 | | |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|--|------------------|-------------------|----------------------|--|
| Titlemax Creditor's Name 12434 Western Avenue #1 Number Street Blue Island Illinois 60406 City State Zip Code | 02/2017 | \$1255.00 | \$0.00 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other |
| Creditor's Name Number Street City State Zip Code | | | | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other |
| Creditor's Name Number Street City State Zip Code | | | | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

| Insider's Name | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|--|------------------|-------------------|----------------------|-------------------------|
| Insider's Name Number Street City State Zip Code | | | | |
| Insider's Name Number Street City State Zip Code | | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

| Insider's Name | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment <i>Include creditor's name</i> |
|--|------------------|-------------------|----------------------|---|
| Insider's Name Number Street City State Zip Code | | | | |
| Insider's Name Number Street City State Zip Code | | | | |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
☐ Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|----------------------|--------------------|------------------------------|------------------------------------|
| Case title _____ | | Court Name _____ | <input type="checkbox"/> Pending |
| Case number _____ | | NumberStreet _____ | <input type="checkbox"/> On appeal |
| | | City State Zip Code _____ | <input type="checkbox"/> Concluded |
| Case title _____ | | Court Name _____ | <input type="checkbox"/> Pending |
| Case number _____ | | NumberStreet _____ | <input type="checkbox"/> On appeal |
| | | City State Zip Code _____ | <input type="checkbox"/> Concluded |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

| | Describe the property | Date | Value of the property |
|------------------------------|---|-------|-----------------------|
| Creditor's Name _____ | | _____ | _____ |
| Number Street _____ | Explain what happened | | |
| City State Zip Code _____ | <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |
| Creditor's Name _____ | | _____ | _____ |
| Number Street _____ | Explain what happened | | |
| City State Zip Code _____ | <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Describe the action the creditor took | Date action was taken | Amount |
|--|-----------------------|--------|
| <div>Creditor's Name</div> <div>Number Street</div> <div>City State Zip Code</div> | | |

Last 4 digits of account number: XXXX-

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

| Describe the gifts | Dates you gave the gifts | Value |
|---|--------------------------|-------|
| <div>Person to Whom You Gave the Gift</div> <div>Number Street</div> <div>City State Zip Code</div> <div>Person's relationship to you</div> | | |
| <div>Person to Whom You Gave the Gift</div> <div>Number Street</div> <div>City State Zip Code</div> <div>Person's relationship to you</div> | | |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Charity's Name

Number Street

City State Zip Code

Describe what you contributed

Date you contributed

Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss
 Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Semrad Law Firm

Person Who Was Paid

2424 Plainfield Road

Number Street

Suite 300

Crest Hill

Illinois

60403

City

State

Zip Code

Email or website address

None

Person Who Made the Payment, if Not You

Attorney's Fee - 0.00

3/27/2017

\$0.00

Person Who Was Paid

Number Street

City

State

Zip Code

Email or website address

Person Who Made the Payment, if Not You

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid Number Street City State Zip Code | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

| Description and value of any property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|--|--|------------------------|
| Person Who Received Transfer Number Street City State Zip Code Person's relationship to you | | |
| Person Who Received Transfer Number Street City State Zip Code Person's relationship to you | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
 (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

| Description and value of the property transferred | Date transfer was made |
|---|------------------------|
| Name of trust | |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

| | | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---------------------|----------|----------|---------------------------------|--|--|---|
| Woodforest Bank | | | XXXX-0000 | <input checked="" type="checkbox"/> Checking | 11/2016 | \$ 0.00 |
| Person Who Was Paid | | | | <input type="checkbox"/> Savings | | |
| 9245 W 159th St | | | | <input type="checkbox"/> Money market | | |
| Number Street | | | | <input type="checkbox"/> Brokerage | | |
| | | | | <input type="checkbox"/> Other | | |
| Tinley Park | Illinois | 60487 | | | | |
| City | State | Zip Code | | | | |
| Person Who Was Paid | | | XXXX- | <input type="checkbox"/> Checking | | |
| Number Street | | | | <input type="checkbox"/> Savings | | |
| | | | | <input type="checkbox"/> Money market | | |
| | | | | <input type="checkbox"/> Brokerage | | |
| | | | | <input type="checkbox"/> Other | | |
| City | State | Zip Code | | | | |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

| Name of Financial Institution | Who else had access to it? | Describe the contents | Do you still have it? |
|-------------------------------|----------------------------|-----------------------|------------------------------|
| Name | Name | | <input type="checkbox"/> No |
| Number Street | Number Street | | <input type="checkbox"/> Yes |
| | City State Zip Code | | |
| City State Zip Code | | | |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

| Name of Storage Facility | Who else had access to it? | Describe the contents | Do you still have it? |
|--------------------------|----------------------------|-----------------------|------------------------------|
| Name | Name | | <input type="checkbox"/> No |
| Number Street | Number Street | | <input type="checkbox"/> Yes |
| | City State Zip Code | | |
| City State Zip Code | | | |

Debtor 1 Arreil Stroger Case number (if known)
 First Name Middle Name Last Name

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

| Where is the property? | | Describe the contents | Value |
|------------------------|--------------|-----------------------|-------|
| Owner's Name | NumberStreet | | |
| Number Street | | | |
| City State Zip Code | | | |
| City State Zip Code | | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---------------------|-------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | | |
| Number Street | NumberStreet | | |
| City State Zip Code | | | |
| City State Zip Code | | | |

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---------------------|-------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | | |
| Number Street | NumberStreet | | |
| City State Zip Code | | | |
| City State Zip Code | | | |

Debtor 1 Arreil First Name Middle Name Stroger Last Name Case number (if known)

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

| Case title | Court or agency | Nature of the case | Status of the case |
|----------------------|------------------------------|--------------------|------------------------------------|
| _____ | Court Name _____ | | <input type="checkbox"/> Pending |
| Case number _____ | NumberStreet _____ | | <input type="checkbox"/> On appeal |
| | City State Zip Code _____ | | <input type="checkbox"/> Concluded |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

| Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|------------------------------|---|---|
| Number Street _____ | Name of accountant or bookkeeper _____ | EIN: _____ |
| City State Zip Code _____ | | Dates business existed From _____ To _____ |
| Business Name _____ | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Number Street _____ | Name of accountant or bookkeeper _____ | EIN: _____ |
| City State Zip Code _____ | | Dates business existed From _____ To _____ |
| Business Name _____ | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Number Street _____ | Name of accountant or bookkeeper _____ | EIN: _____ |
| City State Zip Code _____ | | Dates business existed From _____ To _____ |

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Date issued

Name

MM/DD/YYYY

Number Street

City State Zip Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Arreil Stroger

Signature of Debtor 1

Date 3/27/2017

X

Signature of Debtor 2

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|---------------------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois (State) |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|---|--|
| Creditor's name: Titlemax Description of property securing debt: Hyundai Santa Fe Value: \$1,625.00 | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <u>Recently paid off</u> | <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. |
| Creditor's name: Description of property securing debt: | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: | <input type="checkbox"/> No. <input type="checkbox"/> Yes. |
| Creditor's name: Description of property securing debt: | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: | <input type="checkbox"/> No. <input type="checkbox"/> Yes. |
| Creditor's name: Description of property securing debt: | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: | <input type="checkbox"/> No. <input type="checkbox"/> Yes. |

Debtor Arreil Stroger Case number (if
1 First Name Middle Name Last Name known)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed? |
|--|----------------------------|
|--|----------------------------|

Lessor's name: Ashley Furniture

☐ No
☒ Yes

Description of leased
property: Lease for Bed

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Arreil Stroger
Signature of Debtor 1

Date 3/27/2017
MM/DD/YYYY

X
Signature of Debtor 2

Date
MM/DD/YYYY

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Arreil Stroger
Debtor

Case No. _____
(If known)
Chapter Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|-------------------|
| For legal services, I have agreed to accept | <u>\$1,415.00</u> |
| Prior to the filing of this statement I have received | <u>\$0.00</u> |
| Balance Due | <u>\$1,415.00</u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

3/27/2017

Date

/s/ Brenda Likavec

Signature of Attorney

Semrad Law Firm

Name of law firm

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC **\$1415.00**

attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.

Adding additional bills \$31.00

Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, **I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC.** If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or its assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 03/27/2017

Client  Client _____
Attorney 

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- **You are an individual filing for bankruptcy,**
and
- **Your debts are primarily consumer debts.**

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11 — Reorganization
- Chapter 12 — Voluntary repayment plan for family farmers or fishermen
- Chapter 13 — Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | | |
|---|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | | |
|---|---------|--------------------|
| | \$1,167 | filing fee |
| + | \$550 | administrative fee |
| | <hr/> | |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | |
|---|-------|--------------------|
| | \$200 | filing fee |
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | | |
|---|-------|--------------------|
| | \$235 | filing fee |
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury - either orally or in writing - in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://www.justice.gov/ust/eo/hapcpa/ccode/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit20AndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re: **Stroger, Arreil**
Debtor(s)

Case No. _____

Chapter. **Chapter7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 3/27/2017

/s/ Stroger, Arreil
Stroger, Arreil
Signature of Debtor

MERCHANTS CREDIT GUIDE
223 W JACKSON BLVD STE 4
CHICAGO, IL, 60606

CAPITAL ONE BANK USA N
PO BOX 85520
RICHMOND, VA, 23285

Freedman Anselmo Lindberg
1771 W Diehl #150
Naperville, IL, 60566

CAP1
11013 W BROAD ST
GLEN ALLEN, VA, 23060

EOS CCA
700 Longwater Drive
P O Box 5369
Norwell, MA, 02061

HUNTER WARFIELD
PO Box 1022
Wixom, MI, 48393

CREDIT MANAGEMENT LP
PO Box 118288
Carrollton, TX, 75011

ATG CREDIT
1700 W CORTLAND ST STE 2
CHICAGO, IL, 60622

ALLTRAN ED
2400 SOUTH WOLF RO SUITE 200
WESTCHESTER, IL, 60154

CAPITAL BANK
1 CHURCH ST
ROCKVILLE, MD, 20850

Woodforest Bank
9245 W 159th St
Tinley Park, IL, 60487

Short Term Loans, LLC
76 IL-59 #108
Naperville, IL, 60540

Northridge Holdings LTD
1200 Kings Circle #11
West Chicago, IL, 60185

Advance America
17655 Torrence Ave
Lansing, IL, 60438

NORTHWEST COLLECTORS
3601 ALGONQUIN RD STE 23
ROLLING MEADOWS, IL, 60008

Opensky
PO Box 2711
Omaha, NE, 68103

Central Dupage Hospital
PO Box 4090
Carol Stream, IL, 60197

Healthcare Recovery So.
1515 W. 190th Street
S-35
Gardena, CA, 90248

Chase Bank
340 S. Cleveland Bldg 370
OH1-1073
Westerville, OH, 43081

LTD FINANCIAL SVCS LP
7322 SOUTHWEST FWY STE 1
HOUSTON, TX, 77074

US Bank
Po Box 5229
C/O Bankruptcy Department
Cincinnati, OH, 45201

Allied Interstate
Po Box 361445
Columbus, OH, 43236

Unique National Collections
119 E MAPLE ST
JEFFERSONVILLE, IN, 47130

MiraMed Revenue Group, LLC
Po Box 7700
Dept 77304
Detroit, MI, 48277

Central Dupage Emergency Phys
PO Box 366
Hinsdale, IL, 60522

Edward Hospital
PO Box 4207
Carol Stream, IL, 60197

ERS Inc.
PO Box 5169
Hinsdale, IL, 60522

Comcast
p.o. box 196
Newark, NJ, 07101

FRANKLIN COLLECTION
2978 W JACKSON ST
TUPELO, MS, 38803

ATT Mobility
One AT&T Way
Bedminster, NJ, 07921

CREDIT COLLECTION SERVICES
SHAWNEE SQUARE
CHILLICOTHE, OH, 45601

DuPage Credit Union
PO Box 3930
Naperville, IL, 60567

Chex System
7805 Hudson Road
Woodybury, MN, 55125

American Family Insurance
6000 American Parkway
Madison, WI, 53783

Focus Receivables Management
1130 Northchase Pkwy Se Ste 150
Marietta, GA, 30067

CBCS
Po Box 164089
Columbus, OH, 43216

AT&t Uverse
PO Box 64794
Saint Paul, MN, 55164

MEDICAL BUSINESS BUREAU
1550 N NORTHWEST HWY STE 403
PARK RIDGE, IL, 60068

AllDental
7530 Woodward Ave
Woodridge, IL, 60517

PNC
7300 S Stony Island Ave
Chicago, IL, 60649

NES of Ohio
29125 Solon Road
Solon, OH, 44139

Loyola Univeristy Health Systems
2160 S. First Ave
Maywood, IL, 60153

Loyola Medicine
2160 S 1st Ave
Maywood, IL, 60153

MEDICREDIT
Po Box 1629
Maryland Hts, MO, 63043

Illinois Emerg Med Specialist
Po Box 71402
Chicago, IL, 60694

Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

☐ No. I am not filing under Chapter 7. Go to line 18.
☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

☒ No.
☐ Yes.

18. How many creditors do you estimate that you owe?

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x

/s/ Arreil Stroger
Signature of Debtor 1

Executed on 3/27/2017
MM / DD / YYYY

x

Signature of Debtor 2

Executed on _____
MM / DD / YYYY

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | Arreil | | Stroger |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | Northern | District of | Illinois |
| | | | (State) |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Arreil Stroger

Signature of Debtor 1

X

Signature of Debtor 2

Date 3/27/2017

MM/DD/YYYY

Date

MM/DD/YYYY



Debtor 1 Arreil Stroger Case number (if known)
First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Date issued

Name

MM/DD/YYYY

Number Street

City

State

Zip Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x

/s/ Arreil Stroger

Signature of Debtor 1

Date 3/27/2017

x

Signature of Debtor 2

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Debtor Arreil Stroger Case number (if
1 First Name Middle Name Last Name known)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: Ashley Furniture

☐ No
☒ Yes

Description of leased
property: Lease for Bed

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Lessor's name:

☐ No
☐ Yes

Description of leased
property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Arreil Stroger
Signature of Debtor 1

Date 3/27/2017
MM/DD/YYYY

X
Signature of Debtor 2

Date
MM/DD/YYYY

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re: Stroger, Arreil
Debtor(s)

Case No. _____

Chapter. Chapter 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 3/27/2017

/s/ Stroger, Arreil

Stroger, Arreil

Signature of Debtor



| | | |
|------------------------|----------------|------------------------------|
| Debtor 1 <u>Arreil</u> | <u>Stroger</u> | Case number (if known) _____ |
| First Name | Middle Name | Last Name |

| | |
|---|--|
| <p>8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓ For you <u>\$0.00</u> For your spouse <u>\$0.00</u></p> <p>9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. <u>\$0.00</u></p> <p>10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.</p> <p><u>Other Government Assistance</u> <u>\$321.00</u> <u>\$0.00</u></p> <p>Total amounts from separate pages, if any.</p> | <p>Column A Debtor 1</p> <p><u>\$0.00</u></p> <p><u>\$0.00</u></p> <p><u>\$321.00</u> <u>+\$0.00</u></p> <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">\$497.48</div> <p>+</p> <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;"> </div> <p>=</p> <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">\$497.48</div> <p>Total current monthly income</p> |
|---|--|

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here → \$497.48

Multiply by 12 (the number of months in a year). X 12

12b. The result is your annual income for this part of the form. 12b. \$5,969.76

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. Illinois

Fill in the number of people in your household. 2

Fill in the median family income for your state and size of household. 13. \$65,659.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Arreil Stroger
 Signature of Debtor 1

Date 3/27/2017
 MM/DD/YYYY

X _____
 Signature of Debtor 2

Date 3/27/2017
 MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.
 If you checked line 14b, fill out Form 122A-2 and file it with this form.